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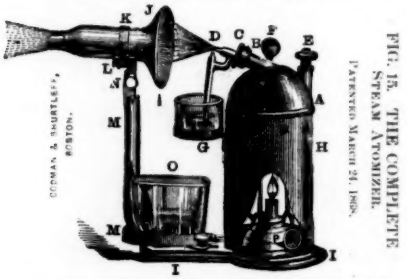

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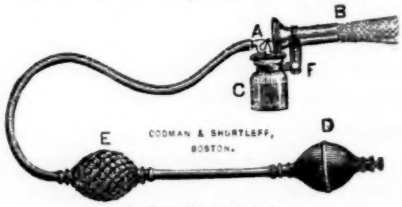

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Original Communications.

CASES FROM PRACTICE.

BY WM. E. QUINE, M. D.

I.—*Phlebitis caused by a fall: Recovery:* In December, 1871, Mrs. B———, in the eighth month of her fifth pregnancy fell down a short flight of stairs, striking heavily on her sacrum. She experienced intense pain at the time, in the injured part, which was much aggravated by attempts at walking; but in the course of two or three hours this had almost entirely disappeared. About four hours after the accident, while resting quietly in a large chair, she was attacked suddenly with excruciating pains in the right thigh, at a point corresponding with the saphenous opening. A few minutes later, pain of a like character and intensity was experienced in the flexure of the knee—and then on the inner surface of the foot. So violent was the agitation of the patient, that the husband in alarm sent for the nearest physician; who, regarding the case as one of neuralgia, directed the application to the whole anterior and inner surface of the thigh of a powerful irritant. I was summoned to the bedside the following morning, and found the patient in a very alarming condition.

Her manner was hurried and agitated; her countenance expressive of anxiety and alarm; pulse about 180; respiration 38; and temperature 102½. The affected thigh was, from the irritant that had been applied, excessively tender, and the skin highly inflamed. Directly over the saphenous opening there was a nodular and exquisitely sensitive swelling; and the internal saphenous vein, throughout its whole course, felt hard, and pressure on it elicited complaints of suffering. The patient, though a woman of great fortitude, was filled with apprehensions of death; and she wept almost constantly at the idea of early parting with her young family, and at the fate of her unborn child. In accordance with my conception of the indications, I ordered leeches to be applied along the course of the inflamed vein; but so great was the patient's repugnance for them, that I was unable to overcome it, by assurances of immediate relief and permanent advantage.

Warm fomentations were then prescribed, sufficient morphine to procure rest, and a sedative mixture, in which tinct. veratri viridis was the most important ingredient. The treatment was faithfully continued through thirty-six hours; but then, on the advice of Dr. T. D. Fitch, whom I had called in consultation, the sedative was discontinued. The pain in the thigh, of which the patient had complained, gradually subsided, but the foot and leg became swollen and more painful than ever. The fomentations were then replaced by linseed poultices, and the latter were continued for a week; at the end of which, a point of fluctuation having been discovered, over the internal malleolus, a free incision was made, and a large quantity of pus evacuated. From this time the condition of the patient steadily improved, though it was six or seven weeks before she entirely recovered.

II.—*Rupture of the Utero-Placental Adhesions by a Fall: Septicæmia and Death:* In October of this year I was summoned to bedside of a young primipara, in the eighth month of pregnancy. She had enjoyed uninterrupted health up to the day preceding my visit, and had labored hard and continuously. At the time mentioned, while carrying a heavy burden down stairs, she slipped and fell, straining her back severely; and immediately after experienced sensations of nausea, and commenced to vomit. The vomiting continued at short intervals throughout the night, and was associated with dull, grinding, irregular pain in the hypogastrium. I found the patient in the morning much exhausted by the protracted emesis, and though her skin felt natural, her pulse was quick, small, soft, and 130 in the minute; she was writhing constantly, as if in severe pain, and the hand on the hypogastrium readily distinguished through the thinned abdominal wall, irregular uterine contraction; the bowels were constipated; and the patient, though she experienced a constant desire to urinate, had been unable to evacuate the bladder. The fœtal circulation, and the placental souffle were in-

audible. On these grounds was based the diagnosis standing at the head of this history.

The patient was catheterized; her rectum cleared by an enema; opium, subnitrate of bismuth, and acetate of lead were administered in full doses, and at short intervals, and a sinapism was applied over the sacrum. In the evening, though the vomiting had ceased, the suffering of the patient seemed to have increased; the pain was more acute and continuous. I now noticed, for the first time, a reddish-purple discoloration of the face, and suffusion of the eyes, but attributed it to venous congestion consequent on voluntary expulsive efforts. The pulse had gained in frequency, and lost in force, since morning. A vaginal examination revealed the fact that dark, offensive, grumous blood was slowly issuing from the uterus. On the following morning the discoloration of the face had reappeared, and was attended with slight swelling, and tenderness of the integument. So striking was its appearance that I was led to examine other parts of the body, and actually found the whole surface covered with a purplish rash, interspersed with blackish points. The body at this time was bathed in perspiration; the pulse 154; temperature 104; respiration 40. There was no swelling or soreness of the throat; no cough, or physical sign of pulmonary disease; no albumen in the urine, or deficiency in quantity of the latter; the patient was ignorant of exposure to any infectious disease, and had had scarlatina, measles, and varioloid, in her childhood. Though it was now obvious that the patient would die, I prescribed quinine gr. ij.: strychnine gr. 1-32: nitric acid gtts. iv.: every three hours; and a tablespoonful of sherry wine every hour. In the evening, I met in consultation Drs. T. A. Clark, and D. C. Stillians, both of whom concurred in the diagnosis, and ratified the treatment. During the consultation the question of delivering the patient was introduced, but the proceeding was not deemed advisable. It may seem surprising, in view of the supposed death of the fœtus, that artificial delivery was not attempted at an early period in the history of the disorder. But at no time did I consider interference of this kind proper or justifiable; and this opinion was founded on the prevalence in the neighborhood of a malignant form of puerperal fever. The rash which appeared first on the face, then on the trunk and extremities, is perhaps the most interesting and curious feature of the case. And its interest is enhanced by the fact that recently a case was reported to the Chicago Medical Society, as malignant scarlatina, following natural delivery, in which the eruption, judging from the description given, was a counterpart of this. I do not regard the appearance of a scarlet rash during the course of puerperal fever, or septicæmia from other conditions, as positive evidence of scarlatinous infection; for I have several times witnessed it in cases in which there had been no possibility of recent exposure; and in patients who had previously had the disease, well marked. Moreover, the entire absence of the characteristic local diseases of scarlatina confirms this view.

CASE OF INTESTINAL IRRITATION, WITH THREATENED PREMATURE LABOR.

BY A SENIOR STUDENT.

Oct. 1st, 5 A. M.—Was called to the bedside of Ada B——, æt. 22, a married lady, of delicate habit, whom I found *six* months in pregnancy, and laboring under a violent enteritis lit up by the indiscreet use of podophyllin, at the hands of one of those followers of that phantom-nothing, homœopathy, who had become so saturated with the idea of "attenuations" that he was actually trying to *thin* out a case of bilious remittent with doses of mandrake, directing her to take a powder as often as her bowels moved. The result can be readily imagined. I found her in the dorsal decubitus, with pulse at 130; tongue fully coated, dry and parched; urine retained; a colliquitive diarrhœa; incipient uterine contractions, with burning pain in intestines, and the abdomen swollen and distended to a degree which I had not before dreamed possible. The friends insisted that she was dying!

and she, poor woman, having "suffered many things from the physicians" (two others having preceded me), despairing of mortal succor, was looking to a higher source for help. With scarcely a shadow of hope, I asked the friends to dry their tears, and with a few words of cheer to the madam, took the case seriously in hand. Having no catheter, the bladder was emptied by application of cloths wrung out of warm water.

Fearing abortion, morphia sulph. and bismuth in iced flax-seed water was given, and continued pro. re. nat. The abdomen, anteriorly, from ensiform cartilage to line midway between umbilicus and pubis, was covered with the ceratum cantharis, and laterally with cloths wrung out of lead-water and turpentine. Drafts were applied to the feet, and half teaspoonful turpentine emulsion given every hour. At 12 M., when I left, no change was discernable. Blisters had not produced the faintest blush of irritation. I directed teaspoonful *doses* of milk and flour gruel occasionally, with an extra dose of the morphine at bed time. She rested more comfortably, but without sleep.

Oct. 2d, 9 A. M., pulse 120; tongue dry; blister had not drawn; abdomen slightly less tense; less pain on pressure; diarrhœa quite under control; uterus quiet, but with burning pain in stomach; nausea and acrid eructations, and singultus. The singultus was checked with chloroform. A mustard paste applied over stomach; suspended the turpentine emulsion and ordered the morphia and bismuth every hour, with ice, alternated with pill of nitrate of silver and opii. aa. grs. ¼. 4 P. M. Was told on arrival that mortification had set in, and patient was dying; on the contrary, found the pulse quite regular at 100; tongue moistening at tip; stomach quiet; abdomen greatly reduced in size, with little pain on pressure. Continued the pill every four hours, alternated with sol. of spts. mindererii, spts. eth. nit. syr. ipecac, and fld. ex. ver. viride. Patient rested well all night.

Oct. 3d, 9 A. M. Patient looked bright and cheerful; pulse 90; tongue moist and clearing up nicely; surface moist; fœtal movement distinctly felt by mother. Ordered v. gtts. Fowler's sol. every four hours, with Dover's powder at bed time. Patient made rapid convalescence, and without doubt will carry child to full time.

Clinical Reports.

CLINICAL CASES IN THE MEDICAL WARDS OF THE MERCY HOSPITAL. SERVICE OF PROF. N. S. DAVIS.

REPORTED BY D. ———

CASE I. *Acute Rheumatism—Rheumatic Fever:* The case before you, gentlemen, is a middle-aged man, laborer, who was admitted into the hospital one week since, laboring under acute articular rheumatism. He had been attacked several days previous to his admission to the hospital, but what treatment he had received, if any, I do not know. You observe his expression of countenance, especially when he attempts any motion, is indicative of suffering; you find his tongue coated with a whitish fur; his pulse full, and 90 per minute; skin a little above the natural temperature, and dry; bowels rather costive; and urine scanty and high-colored.

He complains of stiffness and soreness through his back, hips, and still more in his knees, which latter have a constant gnawing pain, greatly aggravated at night. On examination, you find both knees considerably swollen and tender to the touch, warmer than the rest of the body, but not red on the surface. While the swelling is general around the joint, with no definite line of demarkation, you see a more prominent fullness on each side of the ligamentum patella, below and on each side of the attachment of the rectus femoris above, giving to the knee a characteristic oblong shape. This is produced by the effusion of serum into the cavity of the synovial membrane, which is less covered by ligaments to resist its distension at the points indicated. That the membrane is distended with serum, is readily determined by the plain fluctuation felt at the points indicated.

At the time the patient was admitted into the hospital, last week, all his symptoms

were more aggravated than at present. The general fever was more active, the pains were more severe, and the articulations were swollen one-third larger than at present. The local inflammation commenced in the shoulders and spine, and had extended downward to the hips and knees, having just fully involved the last named joints at the time of admission to the hospital. This migration of the inflammation from one articulation to another, is one of the striking characteristics of rheumatism. It generally subsides in one series of articulations, at the same time that it attacks another, but not always, for we sometimes meet with cases in which it involves one part after another, until almost every joint in the body and limbs is affected, and the patient utterly helpless. Another characteristic of the disease is, that the inflamed parts seldom, if ever, suppurate. When the synovial membranes are involved, they become quickly distended with effused fluid, and the fibrous structures exterior to the membrane become filled with plastic exudation; but in neither locality is there any tendency of the effused material to degenerate into pus.

When the disease attacks the sheaths of the tendons, more especially in the wrists, ankles, and smaller joints of the hands and feet, it is accompanied by an exudation so highly plastic that it forms a firm bond of union between the tendons and the fibrous sheaths surrounding them, which, in some individuals, remains after the inflammation and swelling have subsided, causing a species of permanent anchylosis. Generally, however, the exudations accompanying acute rheumatism, are absorbed soon after the active stage of the inflammation has passed by, leaving the parts for a time somewhat stiff and tender, and for a long time predisposed to new attacks. After alluding, briefly, to the conditions of climate, and other circumstances favoring attacks of rheumatism, the Professor spoke substantially as follows, in regard to the pathology and treatment of the disease:

The fact that the general causes favoring attacks of rheumatic fever interfere mostly with the eliminative functions of the skin, in connection with the further fact that the blood and secretions appear to contain an excess of acid, and all the exudations plastic, afford strong evidence in favor of the theory which attributes the fever and local inflammations of rheumatism to an excess of some irritating acid material in the blood. It is further probable that such acid material results from the retention of effete matters, which are naturally eliminated through the cutaneous surface. Whether it is lactic acid, as claimed by Richardson, and suggested by many others, can hardly be considered fully determined. Conceding this theory of the pathology of the disease to be correct, the indications for treatment become obvious. They are, first, to neutralize the excess of acid in the system by the free use of the non-purgative alkaline salts; second, to mitigate the patient's suffering; and third, to lessen the plasticity of the exudative material in the inflamed parts, and hasten its absorption. Perhaps the best means for accomplishing the first of these objects, is to give the patient 20 grains of the carbonate, or 30 grains of the bicarbonate of potassa, dissolved in plenty of water, every two or three hours, and an occasional dose of the Rochelle salts, to move the bowels. In moderate cases, the second indication is sufficiently met by a full dose of pulv. Dover's, with a grain or two of calomel, at bed-time each night. But in the more acute and severe cases, a teaspoonful of the following prescription, given between each of the doses of alkaline salts, during the first two or three days, will aid very much, both in mitigating the pain and lessening the fever:

℞—Nitrous ether, ℥ j.
Vin. colchicum, ℥ j.
Camph. tinct. opii, ℥ jj.
Tinct. verat. viride, ℥ j.—Mix.

After the skin has become moist, the urine more free and less acid, the pulse softer and less frequent; and the inflammation has ceased to extend to new articulations, this sedative mixture may be omitted, and the patient left on the use of the alkaline salts alone, with only a dose of Dover's powder,

without the calomel, at night. If, at the end of one week or more, the fever has subsided, leaving the patient pale, the skin relaxed and almost constantly bathed with perspiration, and yet the joints stiff and weak, from two to three grain doses of quinine, given three times a day, will generally be of much service.

Local applications to the inflamed articulations, are generally of but little importance; yet, in the acute stages, keeping the part constantly wrapped in cloths wet in an infusion of aconite leaves, holding in solution hydrochlorate of ammonia, will aid much to mitigate the pain.

Such is the general outline of treatment that has been found most efficacious in the treatment of acute rheumatism. When resorted to early and pursued judiciously, it will, in many cases, lead to convalescence in from seven to ten days; and there will occur a less ratio of cardiac complications than under any other system of treatment that has yet been tried.

There are some cases, however, that persist through a period of three, four, or even six weeks, despite of all treatment. There are many other articles of the materia medica that may be used instead of those already named, for fulfilling the same indications. Thus, the bitartrate of potassa may be used instead of the carbonates; or the salts of soda may be substituted for those of potassa; or the oxide of calcium, known in the shops as syrup of lime, may be used. And in cases where the colchicum purges the bowels too much, it may be replaced with double of its quantity of tincture of cimicifuga rac.

But the attention of the clinical class has been called to so many special forms of rheumatism in different parts of the body, and the corresponding variations in treatment, that it is not necessary to pursue the subject further at present.

THE LARGEST CONSULTING PRACTICE IN THE WORLD.—Sir William Gull, of Guy's Hospital, London, is said to have the largest consulting practice of any physician in the world, worth not less than £25,000 a year ($125,000).

Original Translations.

CHRONIC TOBACCO-NEUROSIS.

TRANSLATED FROM THE GERMAN OF DR. ERLEMEYER, BY E. J. DOERING, HOUSE PHYSICIAN IN MERCY HOSPITAL, CHICAGO.

Although the acute symptoms of poisoning by tobacco and nicotina have been fully investigated, in the last few years, by Van den Broeck, Vleminks, Van Hassett, and others, still there are many dark points connected with the symptoms of chronic poisoning by tobacco, especially in regard to the nervous system. Some light on this subject will therefore be, perhaps, favorably received.

The author of these remarks has had occasion to observe several cases of chronic poisoning by tobacco, the most interesting of which he is going to relate.

R. S., a physician in a large city, about 44 years of age, and attending to a large practice, descends from a family in which diseases of the nervous system are of not unfrequent occurrence. He is a passionate smoker, and smokes particularly very strong cigars. Five years ago, up to which time he had been in perfect health, he was taken sick with blepharospasmus. This was increased by any physical exertion, even in speaking and chewing. Straining of the eye had the same effect. When he kept perfectly quiet, he was but little troubled. This spasm disappeared gradually, the patient not being able to state any reason of his improvement. In the summer of the following year, after having been very busy in the performance of his professional duties, he was suddenly attacked with vertigo, which lasted from five to six weeks, and forced the patient to remain in bed for ten days. The use of liquor, and entire rest for the body and mind, acted favorably; but every physical exertion increased the dizziness. During the night, he was but little troubled, and slept well.

This went on until the year following, when, in addition to the above symptom, the patient was attacked with muscular weakness, he being unable to stand any length of time. This gradually passed away.

A year later it again returned; and about the end of March pains in the head suddenly made their appearance, together with a feeling of anxiety and dizziness. The patient returned to his old remedies, and took a great amount of liquor to keep off the dizziness; but he gradually grew worse, and finally was obliged to give up his practice entirely. The following symptoms appeared about this time: he was very restless at night; he either slept only part of the night, or not at all, having often severe vertigo and great mental anxiety. Besides being troubled with photophobia which forced him to remain constantly in a dark room, he suffered with optical illusions. He was very sensitive to the least noise. Moreover, he was subject to extreme sensitiveness and timidity. Touching his bed would cause him to have headache. At times, the softest pillow would appear to him as hard as a rock. He was troubled, also, with different forms of neuralgia—as neuralgia supra-orbitalis, infra-orbitalis, temporalis, maxillaris, superior and inferior. After having been sick for five weeks, he was able to leave the city, and to go to a watering-place in South Germany. His residence here proved beneficial. In the beginning, he was able to walk with more security, slept better at night, and was less troubled with dizziness. During this period he had several small abscesses, following each other, on the right side of his face. After having remained here for fourteen days, in which time he did not take any medicine, but took a good deal of wine, and quit smoking, his condition was greatly improved. He was able to walk around all morning, without getting an attack of dizziness; the latter complaint only troubling him when he undertook to speak or read.

Some time after, he had to discontinue his morning walks, on account of the return of dizziness, which he ascribed to having taken a few cold baths.

It was at this stage of his disease that I saw him for the first time. In connection with the above symptoms, I ascertained two more facts. I found that whenever my patient walked on a smooth surface, he had the sensation of being on a floating vessel; and, furthermore, that he suffered with an enormous loss of sensibility, being equal on both sides of his body.

The views of the many colleagues whom our patient consulted in regard to the nature of his complaint, differed greatly. Some called it a disease of the brain, others of the spinal cord, and a few pronounced it to be a case of chronic poisoning by tobacco.

To state sufficient reasons for this latter view, is very difficult, as our pathological experience, up to this date, has not given us a thorough knowledge of (entire security in) the symptomatology of this disease. The views with regard to the injurious influence dependent on the manufacture of tobacco leaves in the fabrics, and their use in smoking, chewing, and snuffing, are greatly different. According to Fourcroy, Painte, and others, the workmen in these fabrics are troubled with ophthalmia, skin diseases, headache, dizziness, colic, diarrhœa, asthma, and emaciation. Melier states that these workmen are all exposed to a certain degree of poisoning, especially those who are engaged in the drying and fermentation of the tobacco. At first they are troubled with diarrhœa; later, a peculiar change in the complexion takes place, it assuming a gray color; the blood is very much impoverished, and they are subject to passive congestions. But if we compare these symptoms with those which take place in the workmen engaged in the manufacture of lead and mercury, we find that the latter are by far the more dangerous.

Thackrah, Parent, and others, maintain, on the contrary, that the manufacture of tobacco is not associated with any danger to the workmen engaged therein. They support these statements by publishing statistics which prove that in 4000 workmen, none were very materially affected. The views on the injurious consequences of smoking, and especially of chewing tobacco, are not so different. Most observers admit the possibility of a chronic poisoning by tobacco, following the misuse of strong cigars. The phenomena which are produced hereby, are as follows:

stomatitis; black coloration of the teeth; coryza; chronic bronchitis; emaciation; dyspepsia; chlorosis and anæmia; palpitation of the heart; vertigo; and great irritability of the nerves. Some mention, also, hæmoptysis, apoplexy, amaurosis, senile gangrene, delirium, and mania.

It has been observed that smokers who remain a great deal in ill-ventilated rooms, filled with tobacco smoke, are subject to a considerable enfeeblement of the lower extremities, so that they are obliged either to sit or lie down. At the same time, the sensibility of the skin is materially diminished, and the patient complains of headache and stupor. Fresh air and stimulating treatment remove these symptoms in a few days.

Of late years, Raooth and Santlus have made the effects of tobacco on the nervous system, a subject of special attention. The former communicates the history of a passionate smoker, 52 years of age, who exhibits the following symptoms: since the last 17 years, he has been subject to attacks of dizziness, preceded by nightmares. Sometimes he sees his whole surrounding on the right side turn to the left, or turn in a circle, which requires him to take hold of something, and to lie down on his back. His intellectual faculties are not impaired. These attacks, which occur several times during the day, last only for a few minutes, and leave a sensation of weakness in the lower extremities, so that he cannot venture to walk without assistance. They have increased, lately, in intensity, but remit, often, for a few weeks. His disease was generally believed to be hemorrhoidal congestions. Finally, Raooth saw the patient in one of these attacks; and, noticing the feeble but regular pulse, the paleness of the face, the coldness of the surface, and the clammy perspiration on the skin, was led to believe that these symptoms were due to smoking, and was strengthened in this view by the fact that the patient had smoked several strong cigars shortly before the attack occurred. It finally turned out that whenever the patient quit smoking, the attacks of dizziness grew less in number, and the walking improved, but that the return to this habit brought forth a renewal of his trouble.

Santlus states two cases, in which a considerable disturbance of the nervous system was produced by excessive smoking. The first case relates to a young man 20 years of age, having the following symptoms: change of complexion; loss of appetite and of sleep; lips pale; the whole organism delicate; movements of the body simulating chorea; heart-beat weak and irregular; pain on pressure in the epigastric region; frequent movements of the bowels; and considerable emaciation. The patient imagined that he was going to die with entire hopelessness of a future salvation, causing such a degree of desperation that he tried to commit suicide, and had to be taken to an insane asylum, out of which he returned, after three to four years, entirely cured.

The second case concerns a farmer, 30 years of age, also a passionate smoker, who exhibited the following symptoms: in connection with sleeplessness and great anxiety, he suffered, at times, with difficulty of breathing, and irregular beating of the heart. In these attacks, he destroyed everything within his reach; this period of excitement being followed by one of relaxation. The attending physician finally forbid the patient to smoke, and discovered that by doing so, these attacks grew less in number and intensity, but that a return of his habit brought with it a return of these attacks.

Dawosky states that in the many years he has been practicing, he never met with a single case showing such intensity of symptoms produced by the misuse of tobacco, as Dr. Santlus has described in his two cases above. J. Smith noticed paralysis of the face, following excessive smoking.

Samuel Wright, of Birmingham, besides mentioning the effect which the misuse of tobacco has on the activity of the heart, shows, by his experiments on human beings and on animals, that the nervous system suffers, principally. The main evils which he noticed, were: dullness of the organs of sense; irresolution; nervousness; loss of courage, energy and action. Accompanying

these: gastritis; laryngitis; pharyngitis; bronchitis; hæmoptysis; and heart disease.

Siebert has seen palpitation of the heart, gastrodynia, trembling of the extremities, and nocturnal pollutions, in consequence of excessive smoking.

The following is an abstract from a letter which I received several years ago from a friend, who was attacked with similar symptoms as stated above, on account of the misuse of tobacco. He writes:

"In the year 1860 I was troubled a great deal with dizziness, sleeplessness, pains in the head and back, and loss of appetite. By taking liquor, I could get rid of these symptoms, to a great extent, but not entirely. I went, finally, to a watering-place, hoping to obtain a cure, but was disappointed. I consulted a great many physicians, but not one could state the cause of my disease. The symptoms getting gradually worse, it occurred to me that it might be due to my smoking several strong cigars every day, which habit I quit immediately. Great improvement followed, and I am nearly well; but if I smoke a cigar, I am affected just the same as before."

From the description of these different cases, we may come to the following conclusions:

1. That certain persons are subject to chronic poisoning by tobacco, produced by its excessive use.

2. It has not been possible, as yet, to prove which internal or external conditions favor the development of chronic poisoning by tobacco. In proportion to the large number of workmen engaged in the manufacture of tobacco, in proportion to those who smoke or chew tobacco, the number of those who are affected by this disease is very small, indeed, and naturally raises the question how it is possible that the majority of tobacco-smokers are not affected at all, and that others are affected so seriously. There is no doubt that the smoking of cigars has some influence in this respect; for the tobacco which is used for smoking purposes, loses, by fermentation, about two-thirds of its nicotina, which is not the case with that used for cigars; and, consequently, cigars contain three times the quantity of nicotina. Another point of importance, is the quantity of nicotina contained in the different varieties of tobacco. According to Orfila, Schlosing, and others, the average quantity of nicotina contained in the dried leaves, is as follows: Havana, about two per cent.; Maryland, two per cent.; Pas du Calais, five per cent.; Kentucky, six per cent.; Virginia, about seven per cent., etc. Siebert is certainly right in saying that, since a cigar is more liked than an old-fashioned pipe of tobacco, the affections of the nervous system in smokers have greatly increased in frequency.

3. The symptomatology of chronic poisoning by tobacco varies somewhat, as is seen in the cases I have stated; but there are quite a number of symptoms which are present in all, and which resemble those of acute poisoning by nicotina. I will enumerate these symptoms again, according to the organs in which they take place, and especially those which are most prominent.

A. Organs of special sense: conjunctivitis, produced, most likely, by the dust of the leaves, or by the smoke; photophobia; optical illusions; amaurosis; and blepharospasmus.

B. Skin: this takes on a yellowish hue; it is often cold, and covered with a clammy perspiration; different skin-diseases, as boils, etc., are of not unfrequent occurrence.

C. The digestive organs show a series of disturbances, produced by the direct contact with the nicotina present in the saliva swallowed. We have: stomatitis; glossitis; coating of the tongue and teeth; gastrodynia; neuralgia; mesenterica; loss of appetite; dyspepsia; diarrhæa; and, in severe cases, paralysis of the rectum.

D. The respiratory organs suffer, also, on account of the direct contact with the poison, the result being: coryza; pharyngitis; bronchitis; hæmoptysis; asthma, etc.

E. The organs of circulation present one uniform symptom, which is also noticed in smokers not affected by any other symptom, this being palpitation of the heart, combined with a feeling of anxiety.

F. The sexual organs suffer the least of any. It is only in few cases that we find nocturnal pollutions and paralysis vesicæ.

G. The nervous system, on the contrary, suffers the most of all: at first we have a series of different forms of hyperæsthesia and neuralgia; the whole skin is subject to a high degree of anæsthesia.

The muscular system seems to be weakened: especially is this the case in the lower extremities, requiring the patient to sit or lie down. Furthermore, the trembling of the limbs, the sensation of being on a floating vessel, when the patient walks on a smooth surface, and the movements of the body resembling chorea, are points of interest.

A very important symptom is the dizziness, associated with sleeplessness, and the sensation of all surrounding objects turning around in a circle.

Disorders of the mind are very frequent, especially the feeling of anxiety, timidity, fearfulness, dullness, loss of energy and courage, with delirium and melancholy, in the worst cases.

Before closing, I want to mention another very important fact, which may facilitate the diagnosis. I refer to the improvement of all these symptoms, following the free use of liquor.

THE CHEMISTRY OF TETANUS.— M. Danilewsky forwards a provisional communication on this subject to the *Centralblatt* of last month, and states that he has arrived at the following conclusions, some of which are already known, whilst others are original: 1. When the circulation of the blood is maintained, the amount of water in active muscle augments, the heart becoming the most watery of all. 2. The quantity of albuminoid substances diminishes in tetanus, though to an inconsiderable extent. The quantity of albuminoids in the heart is much less than in the muscles of the extremities. 3. The alcoholic extract of tetanised muscle contains more nitrogen than that of muscle at rest. The heart contains a very large portion of nitrogen in the alcoholic extract. M. Danilewsky thinks this affords strong evidence of increased disintegration of complex nitrogenous compounds in tetanus. 4. His most recent researches show that in the decomposition of albuminous compounds by means of KOH, compounds containing sulphur, and soluble in warm alcohol, are produced, and hence on *a priori* grounds their presence might be anticipated in the alcoholic extract of warm muscle; and this is fully borne out by analysis. The amount of such compounds cannot, however, as yet be quantitatively determined. The heart again, in this point of view, occupies the first rank, and this furnishes additional evidence of the disintegration of albuminous compounds during muscular activity. 5. Alcoholic extract of muscle contains a phosphorised body (lecithin?) in quantity too large to admit of its coming from the nerves; and it would appear that this also is increased in muscle during long-continued exertion. M. Danilewsky considers that the warm alcoholic extract contains exclusively the products of the regressive metamorphosis of muscle.—*Lancet for August* 31, 1872.—*Mich. University Med. Journal.*

EFFECT OF BAD AIR ILLUSTRATED.—A striking example, says the *Med. and Surg. Reporter*, of the effects of vitiated air is detailed by Dr. R. A. Smith, of London, in *Nature*. It sets in a clear light the fact that no great diminution of the percentage of oxygen in the air is necessary to make an atmosphere almost deadly to human beings, and the fact that we may be about as ignorant of the noxious quality of the air we are breathing, even while we are taking it into our lungs, as we are susceptible of injury from it. In some of his experiments he used an air-tight chamber, the atmosphere of which he vitiated by burning candles in it. On one occasion a young lady, who was anxious to make the experiment, got into this enclosure just as the candles were put out, and at the end of five minutes, during which she made light of the difficulty, it was necessary to help her out, the partial asphyxiation having taken place in an atmosphere in which the percentage of oxygen was about 19.0.—*Lancet for August* 31, 1872. *Mich. University Med. Journal.*

CASE OF BERIBERI.—An interesting case of beriberi, the symptoms of which at one time strongly resembled those of aortic aneurism, is detailed in the *Madras Monthly Journal of Medical Science*, by G. Williamson, M. D., Assistant-Surgeon of the 19th M. N. I. At last advices, the patient, private, aged 33 years, was on sick leave to his native village, and doing well. The formula most beneficial to him was the following: R. Potas. acet., gr. x.; tinct. scillæ, ℥x.; spir. nitric æther, ℥xx.; liq. ammon. acet., ℥ ij.; Camph. mixt., ℥ i. To be taken every three hours.

THE

MEDICAL EXAMINER.

A Semi-Monthly Journal of Medical Sciences.

EDITED BY

N. S. DAVIS, M. D., AND F. H. DAVIS, M. D.

Chicago, December 1st, 1872.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION—PLANS FOR ITS IMPROVEMENT.

The leading editorial in the Boston *Medical and Surgical Journal*, for July 25th, 1872, contains the following suggestions in regard to the plan of organization of the "American Medical Association:"

"Hitherto, the Association has shown, as might have been anticipated, that men, as a general thing, do not value, but rather avoid, as conferring no honor or satisfaction even, positions which, as we have intimated, any one, however inexperienced, incompetent or unfit, can have for the asking. Herein is its present weakness, which must be removed before any hope of improvement can be entertained. In future, then, let the Association have or rather consist of a working Board, a true representative body, of limited numbers, membership in which shall be the reward of professional ability, usefulness and eminence. Two from each State would be a sufficiently large number for all practical purposes. Let this Board be called the National Council of the American Medical Association. Let this Council meet once a year at some convenient place, say Washington, or as the Board might from time to time determine, and continue in session sufficiently long to attend to all legitimate business, scientific and professional, everything in fact in the interests and needs of the profession throughout the Union — giving such advice, recommending such rules, issuing such "Transactions," as would be for the elevation and advancement of the whole profession. Let the term of service for these two National Councillors be six years — one to be chosen every three years; and to place them as much as possible above temporary influences and purely local interests, let them be chosen by a State Council, which for this and other duties, may be constituted and elected as follows:

Let each of the several State Societies choose from its most experienced and best qualified men in number equal, say to that of the State's Representatives in Congress (one-third each year), and, as far as convenient, to obtain representation of all parts of the State—one from each Congressional District. Let these hold office for three years, and form what may be called the Local or State Council of the American Medical Association. They could meet yearly, or oftener if found useful, to consider, primarily, professional matters which in the State are, or may be, of National concernment, and to make selections of such as should be carried before the National Board — in short, to do all the work of a State Committee. Each of these State Boards should, once in three years, choose one of the National Councillors, as before mentioned, from their own Board or at large, wherever the best qualified could be found. As in these State Boards the chief preparative work should be done, while its revision and completion should be left to the sober judgment and more deliberate action of the National Board, the National Councillors might have seats in the State Board — without vote — in order that they might know all the arguments and circumstances relating to any case, and the wishes of the State Board, in full, to guide their own action in the National Board.

Should the plan work successfully, as we have no doubt it would, eventually the State Societies might, if then thought advisable, without changing name or management in any other respect, become branches, and their Districts sub-branches of the National organization, retaining all the desirable features now possessed; and thus give to each of their members admitted by nomination of county societies (or District societies) after two or more year's practice and probation (if thought best), an additional bond of union with the whole profession in the country, and an additional *title* to the respect of the community at large.

In such event the, National Council could arrange for general meetings (every year or second year, and in different parts of the country) for all members who might choose to attend. At these meetings there might be orations in medicine, in surgery, and in other departments, reports, communications, discussions, and consideration of other matters of professional interest; while all the evils of the present organization would be avoided, by the exclusion of all matters of busines or

control, which would continue in the hands of the National Council, and not be agitated at any of these general meetings."

It appears that the leading ideas embraced in the foregoing article, are, that the Association, as at present organized, is not sufficiently representative; that membership is so easily obtained as to make it regarded of little value; that the attendance of the same members is too short or irregular to give them the necessary experience, or to impart to the proceedings of the Association the desired stability and uniformity; and that the annual meetings are too large, and their sessions too brief, to permit efficiency in the transaction of important business. To remedy these defects, it is proposed to create a National Council, composed of two delegates from each State, which would sufficiently limit the number, and make the body strictly representative. To secure permanency, each delegate is to hold office six years, allowing one to be elected from each State every three years. It is suggested that the delegates from each State be appointed by a State Council, composed of one delegate from each congressional district, the latter to be appointed by the State Medical Societies. These State and National Medical Councils, are to have the exclusive control of purely business matters, including all questions of education, literature, ethics, legislation, and publication of transactions, leaving the general meetings of the State and National Associations to be devoted wholly to scientific and social purposes. The leading idea underlying these suggestions, that we ought to have a smaller, more stable, and more truly representative body, to take charge of all strictly business matters, is not new, but has been suggested by several individuals, and at different periods of time. Dr. Isaac Hays, of Philadelphia, at the first meeting, when the original plan of organization was under discussion, urged such amendments as would place all the business matters of the Association in a council of limited number, elected in such a manner as to ensure stability, while the membership of the Association might be almost indefinitely increased, and the general meetings devoted exclusively to scientific and social purposes.

At the meeting in San Francisco, 1870, Dr. S. G. Moses, of St. Louis, sent a communication, recommending the engrafting upon the Association the organization of a National Academy of Medicine, consisting of a limited number of representatives, which should elevate and regulate the standard of education, by providing suitable boards of examiners, who should examine all applicants, and give to such as were found qualified, a Degree, that would be independent of and higher than any mere college diploma. The communication was referred to the standing Committtee on Medical Education, and reported on at the meeting in Philadelphia, last year. In their report, the committee, instead of recommending the plan of Dr. Moses, proposed the convening of a Medical Congress, consisting of two representatives from each State, and one from each medical college in the country, all of whom should be appointed by the Association. These various propositions, all aiming at the establishment of a national organization, far less numerous in membership, more stable, and more truly representative, are sufficient to indicate an increasing sentiment in the profession, favoring such an object.

Yet, all the plans thus far proposed, are so defective in details as to render it difficult to judge of their merits. It is very easy to say, with the Boston *Medical and Surgical Journal*, that the present Association is too large and unstable in its membership, and its annual meetings too short to permit efficiency and judiciousness in the transaction of important business. It is equally easy to suggest, that a National Council should be appointed, consisting of two from each State, selected from the wisest and best men in the profession; and that a State Council should exist in each State, consisting of one delegate from each congressional district, and selected with such care as to make each a true representative of the profession in his district. But when we inquire *how* the members of the National and State Councils shall be appointed, in order to secure the actual selection of the *best* men,

the answer is not so easily given. Dr. Moses, in proposing the establishment of a National Academy, says nothing about how the members should be elected.

The Committee on Medical Education, at the last annual meeting, in proposing a National Congress, composed of two from each State, suggested their selection by the Nominating Committee, and election by the Association. The Boston *Journal* suggests, that the members of the National Council be appointed by the State Councils, and hold their offices six years, one being chosen every three years, while the members of the State Council should be selected by the State Societies.

Practically, then, all the propositions thus far made, contemplate the selection of delegates to the new organizations, by either the National or State Societies.

But does the experience of the past or the practical working of these societies, justify the conclusion that they would always, or even generally, select the best men? Is there not as good an opportunity for interested, ambitious, and unfit members to electioneer and make combinations to secure their election in these societies, as in any of the other relations of human society? And when appointed, would their acts have any more weight, or command any more ready obedience, than would the same acts if performed by the present societies? These are questions worthy of careful consideration, but which we do not propose to answer at present.

Again, if the National and State Councils, are to consider "all legitimate business, scientific and professional, everything, in fact, in the interests and needs of the profession throughout the Union—giving such advice, recommending such rules, issuing such 'Transactions,' as would be for the elevation and advancement of the whole profession," as stated by our Boston cotemporary, what need is there of retaining our present National Association, or even the State Societies in existence? The election of the delegate to the State Council could as well devolve on the joint action of whatever local societies might exist in each congressional district, and then neither the State Societies nor the National Association would have anything of importance left to occupy their sessions, except social intercourse. It is true, that a part of the time of each meeting might be spent in listening to addresses on different departments of medicine, or papers; but if all action on such papers, and all questions of medical polity must be referred over to the State and National Councils respectively, we doubt whether there would remain sufficient interest to keep these organizations in active existence.

If we understand the report of the Committee on Medical Education correctly, the National Congress therein suggested, was to be only a temporary organization, for a special purpose. That purpose was, to agree on a carefully-devised scheme of medical education for the whole Union, and then enforce its adoption, by thereafter refusing membership in the Association, to all institutions that did not comply.

But is it likely that such a Congress would devise any better scheme of education than the one agreed upon by the Convention of Delegates from medical colleges, which was held in Cincinnati, in 1867, and re-affirmed by another convention of college delegates, in Washington, in 1870; and twice unanimously approved by the Association? If not, would it not be better to turn attention at once to the measures necessary to enforcing this scheme, instead of consuming time in devising another? We do not clearly see how the recommendations of another convention or congress would have any more practical force, or would be more easily executed, than those of the conventions already held. Having thus noticed the several propositions which have been made by parties who are dissatisfied with the progress of the past, the questions remain, whether our present State and National organizations are susceptible of important improvements, and whether there is any feasible plan by which a higher standard of medical education can be enforced? These we will endeavor to answer in our next issue.

PRIZE ESSAYS.

The Committee of the American Medical Editors' Association, appointed to consider and make known a proper subject for prize essays, have recommended the following for the prize to be awarded in May, 1873 : "*The Pathology and Treatment of Diseases of the Ovaries.*" And for the prize to be awarded in May, 1874, the following : "*At what stages of Pulmonary Tuberculosis is a Change of Climate Desirable ; what are the Principles which should govern us in choosing the kind of change to be made ; and the best localities in North America to send Patients of this class.*" The prize offered is $100, and competition is open to all medical *editors*. It is not open to all physicians.—*Nashville Journal of Medicine and Surgery.*

We answer the closing question of the above paragraph, by saying that the action of the "Association of American Medical Editors" restricted competition for the prizes offered, to medical editors alone. The object evidently was, to encourage both investigation and writing among those connected with our medical periodicals. And we hope the time will not pass without developing a lively competition.

Philadelphia Medical Times.—This valuable periodical, published by J. B. Lippincott & Co., and hitherto issued semi-monthly, is now published *weekly*.

Strychnia in Typhoid Fever.—A correspondent in Wisconsin, writes to the *Medical and Surgical Reporter*, of Philadelphia, thus: 'I am not aware that, strychnia, or nux vomica is used in typhoid fever; but having witnessed its curative action in dysentery, I was induced to give it a trial, and am satisfied that it is one of the best remedies we possess for supporting the patient and restraining the excessive action of the bowels." It is quite possible that the *Reporter's* correspondent may not be aware of the fact, and yet it is true, that strychnia has been used and its value well known in the treatment of certain stages of typhoid fever for a quarter of a century at least. It was used and strongly recommended by Dr. Thomas Spencer, of the Geneva Medical College, more than twenty-five years since. And it has been used both in hospital and private practice at least twenty years in this city, and repeated references made to it in our medical journals.

INTERNATIONAL EXHIBITION FOR 1876.

We have received from Dr. F. L. Mathers, of Carlinville, Ill., one of the United States Centennial Commissioners for this State, the following address, and we insert it for the information of our readers, and hope they will give it due attention.—Editor.

An Address by the United States Centennial Commission.

To the People of the United States:

The Congress of the United States has enacted that the completion of the One Hundredth Year of American Independence shall be celebrated by an International Exhibition of the Arts, Manufactures, and Products of the soil and mine, to be held at Philadelphia, in 1876, and has appointed a Commission, consisting of representatives from each State and Territory, to conduct the celebration.

Originating under the auspices of the National Legislature, controlled by a National Commission, and designed as it is to "Commemorate the first Century of our existence, by an Exhibition of the Natural resources of the Country and their development, and of our progress in those Arts which benefit mankind, in comparison with those of older Nations," it is to the people at large that the Commission look for the aid which is necessary to make the Centennial Celebration the grandest anniversary the world has ever seen.

That the completion of the first century of our existence should be marked by some imposing demonstration is, we believe, the patriotic wish of the people of the whole country. The Congress of the United States has wisely decided that the Birth-day of the Great Republic can be most fittingly celebrated by the universal collection and display of all the trophies of its progress. It is designed to bring together, within a building covering fifty acres, not only the varied productions of our mines and of the soil, but types of all the intellectual triumphs of our citizens, specimens of everything that America can furnish, whether from the brains or the hands of her children, and thus make evident to the world the advancement of which a self governed people is capable.

In this "Celebration" all nations will be invited to participate; its character being In-

ternational. Europe will display her arts and manufactures, India her curious fabrics, while newly opened China and Japan will lay bare the treasures which for centuries their ingenious people have been perfecting. Each land will compete in generous rivalry for the palm or superior excellence.

To this grand gathering every zone will contribute its fruits and cereals. No mineral shall be wanting; for what the East lacks the West will supply. Under one roof will the South display in rich luxuriance her growing cotton, and the North in miniature, the ceaseless machinery of her mills converting that cotton into cloth. Each section of the globe will send its best offerings to this exhibition, and each State of the Union, as a member of one united body politic, will show to her sister States and to the world, how much she can add to the greatness of the nation of which she is a harmonious part.

To make the Centennial Celebration such a success as the patriotism and the pride of every American demands will require the co-operation of the people of the whole country. The United States Centennial Commission has received no Government aid, such as England extended to her World's Fair, and France to her Universal Exposition, yet the labor and responsibility imposed upon the Commission is as great as in either of those undertakings. It is estimated that ten millions of dollars will be required, and this sum Congress has provided shall be raised by stock subscription, and that the people shall have the opportunity of subscribing in proportion to the population of their respective States and Territories.

The Commission looks to the unfailing patriotism of the people of every section, to see that each contributes its share to the expenses, and receives its share of the benefits of an enterprise in which all are so deeply interested. It would further earnestly urge the formation in each State and Territory of a centennial organization, which shall in time see that county associations are formed, so that when the nations are gathered together in 1876 each Commonwealth can view with pride the contributions she has made to the national glory.

Confidently relying on the zeal and patriotism ever displayed by our people in every national undertaking, we pledge and prophecy, that the Centennial Celebration will worthily show how greatness, wealth and intelligence, can be fostered by such institutions as those which have for one hundred years blessed the people of the United States.

JOSEPH R. HAWLEY, *President.*
LEWIS WALN SMITH, *Temporary Sec'y.*

WE have received the following circular from Messrs. Codman & Shurtleff, Boston:

To remove the doubts that will naturally arise respecting our means of filling orders since the disastrous fire, but just extinguished, which has laid in ruins most of the business part of our city. We are so fortunate as to have entirely escaped all direct loss: our store, factories, stock and machinery are in their usual condition, no attempt at removal even having been necessary.

We therefore join with our patrons in the sympathy we are sure will be universally felt for those less fortunate than ourselves. We thank our friends for their liberal patronage in the past, and assure them that our facilities for meeting their wants, and our desire to do so to their entire satisfaction, remain undiminished.

CODMAN & SHURTLEFF.

Gleanings from Our Exchanges.

HYPODERMIC MEDICATION.

We copy the following regarding Hypodermic Medication from the *Canada Lancet:*

We are indebted to Dr. Alexander Wood, of Edinburgh, for the discovery and application of Hypodermic Medication. It was first used by him in 1843, in the treatment of a case of neuralgia, and for many years its use was confined to the treatment of this affection, and morphine was the only agent so used. Wood believed that the remedy to be effectual should be localized, although he was well aware of its general effects on the system. Charles Hunter, of London, wrote an essay in 1859 on 'the Hypodermic treatment of disease,' in which he showed that localization of the injection was not necessary. He was an enthusiastic advocate of this plan of medication. From this time its use became very general throughout England and on the continent.

It was first used in America by the late Geo. T. Elliott of Bellevue Hospital, in a case of sciatica. Since then it has been gradually growing into favor among the profession, and is now very extensively used. But notwithstanding this rapid advance and its many advantages over ordinary medication, there are still many practitioners who have never tried it, and who do not think it possesses any advantages over the old way of giving medicine; some are prejudiced against it, and others regard it as an innovation or a novelty which is destined soon to be among the things that were. It has, however, in spite of all opposition assumed a wide range of applica-

tion, both in the variety of diseased conditions to which it is applicable and the remedies used, and has taken its place as a standard means of great value to both the patient and practitioner in the relief of many painful and spasmodic diseases.

Remedies injected into the sub-cutaneous areolar tissue, have in most instances the same effect as when administered by the mouth. Some years ago a scientific committee was appointed by the chemical society of London, to report on the physiological and therapeutical effect of remedies administered sub-cutaneously, and they gave it as their opinion that no difference was observed in the effects of a remedy thus given, and by the stomach, except greater rapidity, certainty, and intensity of effect, and requiring a less amount to affect the system than when given in the ordinary way.

The agents thus used, being generally powerful in their nature, its application is not always unattended with danger, and therefore it is necessary to exercise care in its administration. Very great improvement has been made in the *instruments* now in use, and therefore nothing need be said regarding them, further than that those with a graduated glass barrel are preferable, as it enables one to see the quantity used, and also to be sure that no air occupies the barrel. One of the greatest dangers of this method, except its use in cardiac disease, is the risk of injecting air or the solution into a vein. This may always be avoided by pushing the needle through the integument (which has been pinched up for that purpose on the breast, arm, or shoulder) to the extent of three-fourths of an inch, and then withdrawing the point a short distance before injecting the solution. If air is drawn into the syringe in filling it, the instrument should be inverted, and the piston pushed in, till all the air is forced out.

Much of the success of this method of medication depends upon the purity of the medicines used, and the character of the solutions. The remedy should be in a perfect state of solution, and always filtered to remove any undissolved portions, as they are apt to give rise to the formation of small abscesses. The solution should not be too strongly acid or alkaline, and not too much concentrated. Pure distilled water only should be used, as a solvent, when practicable, and the solution should not be kept too long. We give below some of the formulæ in common use.

For Morphine: Magendie's solution is the best. It consists of Morphiæ sulph. grs. xvj; aquæ dest. ℥j. Mix and filter. The dose is from 5 to 8 minims.

For atropine: ℞. Atropiæ sulph. gr. ss.; aquæ dest. ℥ iij. Mix and filter. The average dose is 4 minims. If it is desired to combine these two remedies, one grain of atropine may be added to Magendie's solution; of this 5 minims is the average dose.

For Strychnine: ℞. Strychniæ sulph. gr. j; aquæ dest. ℥ iij; acidi hydrochlor, gr. j. Mix and filter. Average dose 5 minims. It would be well to begin with a small dose and gradually increase.

For Quinine: ℞. Quiniæ sulph. grs. xx; acidi sulph. aromat, ten minims; aquæ dest. ℥ iij. Mix and filter. Nine minims equal one grain. This solution is more apt to cause abscess than the above, on account of its greater acidity.

For Calabar bean: ℞. Ext. calabar bean gr. ij.; aquæ dest. ℥ j. Mix and filter. The average dose of this is 8 minims.

For Corrosive sublimate; ℞. Hydrarg bichlor gr. j.; Aquæ dest. ℥ ij. Mix. Dose about 10 minims, and may be used every alternate day. It has been highly spoken of in the treatment of constitutional syphilis.

On Measuring the Chest. — Dr. Frœhlich, of Dresden, in a recent number of *Virchow's Archiv.*, gives for chest measurements the following simple directions, attention to which would insure uniformity of procedure: The person to be examined should stand in an unconstrained position before the physician, breathing with his mouth shut, and should raise both arms, stretching them out horizontally. A tape not broader than 1 Cm. (about ⅜ of an inch) should be placed round the chest directly under the inferior angles of the scapulæ behind, and the nipple in front, and should then be read off, first after the deepest inspiration and then after the deepest expiration, and both data recorded. The author then sums up the results which he has obtained by this method of observation, of which some of the more important are as follows: — The average circumference of the chest measured in 725 healthy men, 20 years of age, was, after deepest inspiration, 89 Cm. (about 35 inches), and after deepest expiration, 82 Cm. (about 32¼ inches), the average play of the chest being thus 7 Cm. A circumference of only 75 Cm. (29½ inches) indicates what the author calls an unripe chest, and should exclude the person from military service. A circumference of 750–759 Mm. should, under exceptional circumstances, be considered sufficient for military service; but when it reaches 760 Mm. (30 inches), if the person is otherwise healthy, then it ought to suffice.—*Med. Reporter.*

PRURITUS OF THE MEATUS.—Dr. Gruber (*All. Wien. Med. Zeitung*) states that the intolerable itching of the external auditory passage, which occurs in paroxysms, often periodical, takes place when uncomplicated by eczema, in persons past the middle period of life, especially those laboring under some disturbance of the circulation. For the radical cure, a solution of nitrate of silver, eight grains to the ounce of distilled water, is to be penciled on the part till the itching no longer occurs.—*The Doctor.*

DR. IRA REMSEN, lately instructor in the University Laboratory of Tubingen, has accepted the Chair of Chemistry and Physics in Williams College, Massachusetts.—*Med. and Surg. Reporter.*

Book Reviews.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by numerous cases and engravings. By William Roberts, M. D. Second American, from the revised and enlarged London edition. Philadelphia: Henry C. Lea, 1872. Jansen, McClurg & Co., Chicago.

This is a volume of 612 pages, constituting a very full and complete treatise on the subject of Urinary and Renal Diseases. The work is divided into three parts — part first, which is in a measure introductory to the other two, being devoted to the consideration of the physical and chemical properties of the urine, and the various alterations which it undergoes under different circumstances of health and disease. The methods of examining the urine for clinical purposes are also explained; and the appearances of urinary deposits, both as observed by the naked eye and under microscopical examination, are fully described and figured.

The second part treats of the "urinary diseases," viz.: diabetes insipidus, diabetes mellitus, gravel and calculus, and chylous urine.

The organic diseases of the kidneys form the subject of the third and largest part of the work.

The first English edition of this work as well as a separate American reprint, has been out of print for nearly three years past. This new and enlarged edition is certain therefore to meet with the favorable reception to which its merits justly entitle it.

The Chicago Medical Register and Directory, 1872–3, containing a description of the Medical Colleges, Hospitals, Infirmaries, Asylums, and Charitable Institutions, together with the Medical and other Scientific Associations of the entire State of Illinois. Edited and published by T. Davis Fitch, M. D., and Norman Bridge, M. D.; revised by the Presidents of the regular Medical Colleges and Societies of Chicago, and of the Illinois State Medical Society.

The publication of this work has been undertaken by the editors in the belief that such a book was both needed and desired by the medical profession of the State, and particularly of Chicago. The table of contents is as follows: American Medical Association, its origin and history; Illinois State Medical Society; City, County, and District Medical Societies; Medical Colleges, Hospitals, and Dispensaries of the City; Charitable Institutions, Societies, etc., of the City and State; Directory, including lists of the physicians in most of the principal cities and towns of the State, as well as a full list of regular physicians in the city of Chicago. A list of the regularly graduated dentists and pharmaceutists of Chicago is also given.

The editors have done their work well and faithfully, and are entitled to much credit for their endeavors to present to the profession a complete and reliable medical register. They have succeeded in condensing into a small compass a large amount of matter of value and importance to the physicians of the State. It is their intention to publish the Register annually, but the present volume is issued so near the beginning of 1873, that volume two will not be published before May, '74.

The Register and Directory can be obtained by addressing: "Medical Register, 296 West Monroe Street, Chicago," mailed free of postage on receipt of $2.00.

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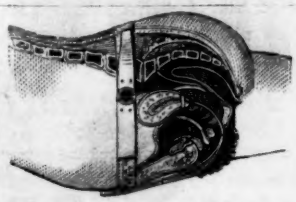

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